Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: Richard Hsiao et al | |
|---|---|
| Application No. 10/611,623 | |
| Filed: | |
| 06/30/2003 | |
| Title: | |
| METHOD OF REDUCING ESD DAMAGE IN THIN FILM READ I | HEADS WHICH ENABLES MEASUREMENT OF GAP RESISTANCE |
| Attomey Docket No. HIT1P162A/SJO920000111US2 | Art Unit: 3729 |
| | |

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

| Name | Registration Number |
|------------------|---------------------|
| Dominic M. Kotab | 42,762 |
| Kevin J. Zilka | 41,429 |

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

| SIGNATURE of Practitioner of Record | | |
|-------------------------------------|--|--|
| Signature | The same of the sa | Date 3/14/2005 |
| Name | Ronald B. Feece | Registration No., if applicable 46,327 |
| Telephone | 408-971-2573 | |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.